



Farmers Market Permit Application

Lincoln-Lancaster County Health Department
3140 "N" Street, Lincoln, NE 68510, (402) 441-6280

Date _____

(Please print)

Market Name _____

Market Location _____ Day(s) _____ Time: _____ to _____

Season Opening Date _____ Ending Date _____

Organization _____ Contact Name _____

Contact Address _____ Contact Phone _____

Email Address _____

Vendors that are selling home prepared food or drink as approved by LLCHD must be listed.

VENDOR NAME	ADDRESS	FOOD

If needed, use additional application forms to list all vendors.

The undersigned, as the responsible person for this farmer's market, hereby applies for a Farmers Market Permit required by Lincoln Food Code Chapter 8.20, L.M.C. The applicant is to notify the Lincoln-Lancaster County Health Department of any change of status in the above Farmer's Market. Applicable vendors must post LLCHD placards.

Applicant Signature: _____ **Print Name** _____

Base Permit Fee \$ 90.00 APD# HF61 _____
+ _____ # vendors x \$25 \$ _____.00

New Renewal Addition

Total Permit Fee \$ _____

Electronic Funds Transfer Notification: When you provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution.

Department Use Only

Date rec'd _____
Amount \$ _____
Check # _____
Initials/EHS _____
Mail / Hand Deliver: _____